

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36050

State File No.

Registrar's No. 18

FILED NOV 13 1943

Registration District No. 363

Primary Registration District No. 6234

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Charrette) Ind
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Claude E. Talley

3. (b) If veteran, name war None
3. (c) Social Security No. 489-10-7869

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Talley
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September 27 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 19 hr. min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Thomas Talley

12. Name Thomas Talley
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Marie Bolton
(City, town, or county) (State or foreign country)

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Talley

(b) Address 1272 Goodfellow, St. Louis

17. (a) Burial (b) Date thereof 10/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles, Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton, St. Louis

19. (a) Oct 16, 1943 (b) Ethel Kehr MO.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1272 Goodfellow 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1943 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Inflammation Duration

Due to

Due to

Other conditions 92a
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence Oct 15 1943
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Mrs. F. H. Krigger, Coronel
Address Warrenton Mo Date signed Oct 16 1943

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 12 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben Hoffman
Licensed Embalmer No. 4366
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.